Draft Transcripts

February 12, 2015

Mental Health and Public Health Commission Meeting

Regarding Proposed Integration of DMH, DMH and DPH

Dr. Larry Gasco, Chair, Mental Health Commission and

Jean Champommier, Chair, Public Health Commission, Facilitating

OPENING STATEMENTS FROM DR. CHAMPOMMIER AND DR. GASCO:

Dr. Gasco: "Welcome to the Los Angeles County Mental Health Commission. On behalf of the Public Health Commission, I would like to thank all of you for being here. Of course change is always difficult for any of us. I want to say up front that the only issue that we are dealing with here is the January 13, 2015 motion by the Board of Supervisors to integrate three departments. That would be the existing Departments of Health, Public Health and Mental Health into a different way—organization.

I will start a little—we are very pleased to have with us Dr. Christiana Ghaly who has been assigned the task for pulling things back into a report to the Board of Supervisors within 60 days. We also have the directors of the three impacted departments. So I would like to introduce them. If you could just stand, I would like to start with Cynthia Harding. Cynthia Harding is the director—interim director, of the Department of Public Health. Dr. Marvin Southard, the director of the Department of Mental Health. Marv if you could stand and let people see who you are and get a hold to you after the meeting—no I saw you. Last, but not least, Dr. Mitchell Katz, the director of Health Services.

Thank you all for being here. I think that it is important. The primary reason that we are here though is to hear from the various constituents, your reactions, your concerns, support, or opposition to the Board motion. And, well again, I want to apologize to anyone who may have been disrupted by the change of venue. I want to thank the Department of Public Health for making this available to us. There was a lot of work that went into finding a venue that was sizable and sufficient in parking to accommodate a large group of people. This meeting--this joint meeting-- is in lieu of the Executive Committee meeting of the Mental Health Commission. We had some people scheduled today for the Executive Committee and I failed to advise them that we had to change this; so, I want to apologize to anyone who was negatively impacted. On behalf of the Public Health Commission and the Mental Health Commission I'd like to thank all of you for being here. So, now, I am going to turn this over now to the co-convener for the Public Health Commission, Dr. Jean Champommier."

Dr. Champommier : " I want to point out that we, as Commissions, we report directly to the Board of Supervisors and advise them about issues of public health as well as the department heads. So, our views and so on…we make recommendations, but they are not necessarily shared by our supervisors. I think that is an important distinction. We are an independent

voice; and I am proud of the Board of Supervisors for in their motion to ask for input from our Commission, understanding that we are the bodies that do recommend, make recommendations to both Departments. So, my kudos to the Board of Supervisors. So, if we can go around the table and introduce the commissioners."

Dr. Ghaly's comments regarding the proposed Health Agency structure

- Main role of presence at meeting is to hear thoughts of Public Health and Mental Health Commissioners, as well as the public.
- Thanks Commissioners for developing set of principles as a guide for how the process will move forward.
- 60 day report back (March 13) to the Board, commenting on: opportunities presented by the agency model, drawbacks, proposed structure, implementation steps, and timeline.
- Openly acknowledges that initial process didn't create an atmosphere of trust that should characterize discussion. Commits to building an atmosphere of trust over time.
- Will be as open and transparent as possible.
- Purpose of agency:
    - Many perspectives, all critical. Ultimately, the goal is to improve services of care offered by the 3 departments.
    - Greater alignment and coordination; establishment of strategic priorities for moving forward so more good work can be done.
    - Many members of the public are happy with their care; the goal is not to take apart what is working well. The challenge is that the system isn't necessarily working well for everyone, and many people still have trouble accessing care. There are disparities and issues with care quality. The agency model is seeking to address these issues.
- Examples of ways agency may choose to prioritize integration activities
    - Streamlining access to care
    - Ensuring access to the system makes sense, regardless of what door they're trying to go into
    - Registration processes
    - Referral processes
    - IT Communication
    - Site of care: Primary care, substance abuse, mental health. If individual needs services from more than one department, they can do so in a way that makes most sense. Ex: Sometimes patients feel more comfortable in a mental health setting, but also need physical care.
    - Prevention activities
    - Health education activities
    - Using clinical lens to expand community based interventions
    - Agency could better help us address public health threats, responding to disease outbreaks and emergencies in a better coordinated fashion
    - Better organization of contracting and procurement processing
    - Private providers are more aligned
    - Addressing needs and concerns of specific populations:
        - Jail diversion
        - Re-entry populations
        - Elderly
        - Homelessness
        - Foster programs

        - Tay
        - Etc.
    - Comprehensive strategy to address the societal challenges we face
- Agency will be focused on improving full spectrum of broadly defined care and services
- This is not a financially driven initiative; no budget or service cuts. However, many hope for administrative simplifications and efficiencies that would allow savings that could then be put into services (long term)
- Need to move slowly, avoid the creation of layers and bureaucracy, not create additional steps populations have to go through to access the service they depend on.
- Intend to release draft to the public when submitted on March 13th. Have asked the board to allow additional time for public comment (30 day comment period).
- The Departments will have had ample opportunity to provide input to the draft before it's released. This comment period will run through April 13th.
- We will also have a number of public convening's. The time and date of these meetings have not yet been determined, but will be posted on the CEO Health Integration website.
- Public convening provides the opportunity for open forum.
- Report will be modified, and written stakeholder comments will be included as part of the final draft.
- The final report will be submitted to the Board of Supervisor's by May 12th at the latest.
- Depending on what action the Board takes, ongoing engagement and stakeholder processes will most likely be established.
- Appreciates the chance to hear thoughts from the public.

Mental Health and Public Health Commission Feedback / Questions for Dr. Ghaly

Commissioner Lyle—Mental Health Commission

I am concerned with the community's interest, making sure that the funds are no comingled and to make sure that would not happen because the community is very concerned about that.

- Dr. Ghaly Response: I meant to mention this in my comments, so I am glad that it got brought up. The agency structure is established so that Departments are maintained; it is not having two departments move underneath one department. It's the three departments beneath the agency as an umbrella agency. It's important to maintain the unique identity and mission of the three departments. It's also important from a budget perspective. Departments have the separate budgets. The Board of Supervisors approves those budgets—the Department heads nor the agency director can move money from budget to budget without Board approval. Back in 2005-2006 when the Department of Public Health split from the Department of Health Services, before they were one Department—Department of Health Services. But because they were a single department, it was possible to have cuts in certain parts of the budget in order to fill deficits in other parts of the budget. That is not possible with an agency structure because each department maintains its own separate budget and can only be changed or modified by the Board.

Commissioner Lubin- Mental Health Commission

Being older, I've lived through this before. I came down from Berkeley, where I worked for the State Department of Public Health, to direct and develop a two year program in comprehensive approaches to health. My background was community planner, then specialist in health and social services.

I want to focus on the problems. One, in the days when they were together, there was unanimous approval from Health Services about how marvelous the system was. I was above that and I got all of the other people who said it was not true; the only one who is happy is Health Services because they are stealing money from Mental Health. And that was the basis for individuals to lead a fight to get Mental Health as an independent body. And there are those, I may not be one of them, who say that the big thing for Dr. Katz is the 1% that now flows to Mental Health purposes and that he will be able to manipulate it the way he wants. We fought hard to get that. I, by the way, worked for Health Services when I did population work, and my mental health activities is my adopted daughter was born with schizophrenia and paranoia. So, I have a strong interest in this and yes, I think perhaps the problem is ill defined. It's not so much that we need three departments working together because health cuts across different departments: jails, Sheriff, social workers, unemployment. And, the situation calls for taking some money from each of the three departments and putting it together in coordinating group which has the freedom to get/take the client to whatever service is needed, not just within the agency designated.

Commissioner Lue – Mental Health Commission

Many of us have been waiting to hear the presentation. I think it's been a confusing process in the community—what we're talking about. I keep re-reading the motion, trying to understand what it supposedly says and what it really says. And then how it's carried out in action. Your early point is true—there is a real issue of trust. I appreciate that the Board—Supervisor Kuehl and Supervisor Solis—recognize and stated that trust was a necessary component. So, in this whole process, what I'm looking for is: How are we building trust?

Unfortunately, from the venues I have heard and talking to other colleagues and friends in the community, there is high level anxiety and lack of trust and confidence in what is going on and how public/stakeholder input is really going to be used. I am asked as a Commissioner, how will the public input be used and I have no idea. Part of that is from the Commission's own efforts. We submitted our planning principles. We submitted a letter, which pointed out that we take seriously an obligation under the Welfare and Institution. The Welfare and Institution Code says that the Mental Health Commission will review and approve the procedures used to ensure citizen and professional involvement at all stages—all stages of the planning process. What has come across is that we are at the end of the process. We'll say some things and we'll find out how this group—whoever—I'm not even sure who is reviewing this material—how they have digested what they've heard. I don't know what we're going to get access to that information. It says that it was to ensure that the input is considered in the report. At this point, I have no confidence about how the Commission's input is considered based on no response from

previous letter. So, I think this issue of trust and then how we're going to go forward in the process--how the consideration is going to be done.

All I see is we're running toward a 60-day deadline. Fine. I think one of the first feedback to look at this process and say: are we building trust? Is it building trust and support rather than just talking to people and these are our conclusions—where is the evidence based for these conclusions? There's a lot of concern for the goals here—at least voiced by the Supervisors—is that it is going to reduce silos. The consumers—the clients who are experiencing—the services—they have lots to say about what those silos are and what barriers they run into. And I don't hear them given the opportunity in a structured way; in a way that allows them to organize their thoughts. There is not enough time to respond.

I understand there is a rush—that is the nature to stay on task. But, i wonder what data we're going to use—the quality of it, and how you are going to manage it to prepare this report. What is, how is our Commission going to fulfill its responsibility. Where is our Commission going to be in the future—we have a responsibility. We have a voice that needs to be addressed and there is no conversation about that.

Commissioner Dowling- Public Health Commission

I come here believing everyone wants to do the right thing. To ensure streamlined access that works efficiently/effectively for those who need services is what is needed. As a Public Health Commissioner, Public Health has a series of regulatory/legal functions to protect the public-ensuring the safety of water, food, nursing homes, ensure people are immunized, infectious diseases, TB, STD's, etc. These are key elements of public health.

From a citizen point of view, Mental Health in LA County is based in the jail system, the most expensive place to deliver mental health; Department of Health Services- primary care is in the emergency rooms, for the family doctors that don't exist; Public Health- categorical problems; UCLA medical school- not training preventive doctors, training subspecialists. They are interested in people hospitalized; not the broader community.

As family doctor, what I commonly see is a group of patients with common medical problems: some with mental health problems/addictions/In need of population health. Much of this can be handled in one setting with an integrated place.

Looking at the World Health Organization, to get health care to people, start out with a combination of: public health, mental health, addiction, primary care, all on a common ground and then build on that. I think that is where we need to go in this County, the system is broken in several places--UCLA is just as much to blame as anyone. We haven't built a system that is responsive to people.

Commissioner DeBose- Mental Health Commission Vice Chair

I'd like to accent some of the things that the colleague over in the Public Health Commission bringing all of this together in making sure that people get the services that they need, which is a good idea. My primary concern is in regards to funding—to ensure that the funding for these

departments—especially Mental Health—do not comingle. It has been a fight and large struggle to acquire mental health funding. I would like to hear more detail about how to ensure the funds do not comingle. How can it be ensured that this does not happen? One thing I would like to stress is that the planning process of putting everything together—making sure that the public, the consumer, client, has a clear opportunity through themselves--or through our Commission--to play a role, to ensure the public is included in the planning process, however this goes. I would like the departments to stay separate; some say we need to find a way to integrate the services that people need. But, my biggest concern is that I do not want the public to be left out in the planning process, to allow us, based on the Welfare and Institution Code, to be able to carry out our assigned duties and responsibilities.

Commissioner Bholat- Public Health Commission

Question for Dr. Ghaly: Will the Board be looking at any other models besides the Health Agency that can perhaps better achieve some of the goals of service integration?

- Dr. Ghaly response: This question has been raised before. The Board motion approves an agency in concept and asks for a proposed structure. The report will seek to answer the direct question that was presented by the Board. A number of potential models have been raised—different conceptual models of how the Departments would interact or work and be more effective in achieving some of the shared goals. I do plan to share—at a high level—what some of those thoughts are so that there can be transparency in the ideas that people have raised. I don't intend to go into a lot of detail of what the structure of each of those might be, but it's important to recognize the different ideas that people have raised when they have not agreed with the agency model itself. The report will include a structure of that agency structure, specifically.

Question for Dr. Ghaly: The issue that strikes me in the health of communities-- population health in general—we're all looking at metrics. How do we know if we have value? If I take care of one patient and it costs $10,000, is that different than taking care of one patient and it costs $100? So, that's not about anybody shifting dollars away, it's about asking each of our different areas—Public Health, Health Services, or Mental Health—what is our value? As you are preparing the ability to see the different efficiencies, has each department submitted where the linkages may be—the natural linkages that may occur? How is it—at a high level—you're looking at these linkages across the board?

- Dr. Ghaly response- That's a great question. There's a lot of input that we're getting throughout this process, beginning with the 60 days—continuing past the 60 days. A lot of the input is from external stakeholders, but it's also from stakeholders from within the departments. I've met with the executive teams of each of the departments. There's a number of conversations going on within the departments. We've set up 17 different workgroups to focus on specific topic areas. I'm happy to share the names of those groups with you, if you'd be interested. The majority are focused on topics that are clinical and service-in nature. A couple of them are focused on more administrative type areas, like:

contracting, purchasing, finance. And those groups are each made up of representatives from the three departments—made up of the content experts in the areas so that they can get together and discuss what they think—what they think are the linkages—what they think are the opportunities, what are the risks. Those groups are each facilitated by someone from outside of the three departments so that we can try to get fair input and that can be incorporated into the report.

On the first part of your question, about metrics or indicators, I think they'll be critical. And I think, it'll take time to develop the right set. It doesn't make sense to rush into a set of metrics. We need to make sure they really reflect what it is we hope to look at but broadly, they need to fulfill two aims: one is to help address people's issues that they've raised of—how will you know that this isn't mixing the budgets? How will you know it's not doing whatever is the adverse outcome that people might anticipate and providing clarity and transparency into that? And then, separately, metrics that will look at what progress—positive progress--is being made and whether or not it actually is being made in a way that people think it should

Commissioner Shindy- Public Health Commission

As a younger doctor, I'm always concerned about the details. The devil's in the details. The plan looks good on paper and the idea seems sound, but, my concern as a sub-specialist and working in private practice, I am concerned about my patients, too. As a public health provider, and as a private practice doctor subspecialist, I am concerned about the overall health of my patients and what they need to receive because that mental health is directly impacting their physical health. The details are very important. I think the one-stop-shopping for the patient, cause the access that they receive, we need to comingle/collocate ,because if I have a patient that I see in the office, if I can send them down the hall to a psychiatrist or psychotherapist, that will be very helpful.

Commissioner Champommier- Public Health Commission Chair

I've had the pleasure of serving on this Commission for a period of altogether about 18 years, through three different Supervisors. As far as the consolidation of services into one department, it is very difficult in terms of public health, to be heard. And I'm not sure if this model—the devil is in the details—so the details are going to be everything. So, the concept is great. Terrific. Nobody can argue with what's been said. The devil is in the details. It didn't work before. It was split up. Has that really been adequately analyzed? In terms of why that failed? And why it took the Department until 2006 to separate. Almost every Commission meeting that I went to there were issues. Some of them were underlying issues that Department heads couldn't speak up about.

So the question right now, is who is going to be heading Public Health? In terms of attracting the kind of leadership that we've had with Dr. Fielding. And, in my view, the magnificent—the

Department of Mental Health, what they've done—as far as community mental health—really implementing that in this County.

Colocation is not a problem. We do that, in fact with mental health. We have two programs that involve colocation. The Wellness Center at the County general hospital—which Public Health is there and 16/17 other agencies. And it's successful. That didn't call for one centralized organization. You bring people together with a common interest, with a common mission, separate agencies here, by the way, separate CEO's. Without having one agency, we have one place where we locate, we got principles that we operate in that facility.

Also, the Mental Health Department has been on the forefront. The Health Neighborhoods—both Public Health and Mental Health are engaged in right now. And one of them is out in the Boyle Heights neighborhood. Bringing all the agencies together. Coordination can take place—you're not going to bring all of those organizations under one head. So, I've seen other models that work and I've seen a model that didn't work with my time on the Commission.

I just want to I discuss both fields—in terms of personal health and mental health. There's an integrated service model that the department of Mental Health has. We've been working with Altamed for about eight years now, where we have provided mental health services to them in their facility. It works when you have leadership at every level—at the CEO level, administrative level, middle management and on the ground—all the way through.

This is at the initiation of the department. We've had great leadership in both public health and in mental health. Both have flourished even after the demerging. It's like—before you get married—you want a little time to figure things out. What the real contract is. The devil is in the details. I felt as though the Department of Public Health certainly has struggled over many years after the separation with figuring out can this marriage work? And trying to make it all work. And, sometimes, a divorce is the answer. It took about 5-6 years for the Public Health department to disentangle themselves—from HR issues—a bunch of issues—to be on a solid ground. It's not simply we're going to demerge because there's a lot of scars that have been left in the merging process.

So, those are my views. The intentions are great and I've shared my concerns with Hilda Solis. In terms of moving forward, how we measure the success of this or how we're doing, both Commissions should certainly be involved with that and regular reports to people in this audience here—in terms of how it's going—in terms of public reports periodically. And doing it now, and setting this up as a structure—once it's set up, it's going to be really hard to dismantle.

The other thing, in terms of looking at other models—in terms of what that's going to look like—I have no idea what that would be, but I know that there is—from the projects I mentioned—a collaboration that can take place between agencies. Especially if there's direction from the Board to do that—because they are the ultimate bosses.

Commissioner Gasco, Mental Health Commission Chair

The January 13, 2015 board motion brings to mind something written by Eugene O' Neil—" there's no present or future, only the past repeated over and over again now". In many ways, it

really reinforces some of the issues that Commissioner Lubin outlined—the Mega Health Services of years past was established in 1972.

In 1978, the Department of Mental Health became autonomous again, getting away from that umbrella. And, most recently, in 2006, the Department of Public Health also extracted itself from that system. And it would just seem there were really good reasons for this regained autonomy. And, it's really important to learn whatever lessons learned, and what went wrong that first time. To be very frank, I'm not real optimistic—I feel that if we go into this route, the agency model, or whatever we want to call the new structure, that it'll be the very same issues that resulted in the two departments becoming autonomous again and so however we can express that. And I really want to thank each Commissioner that gave their view, asked their question, and again, to reinforce Commissioner Lue's—among many pertinent points that he made, how will this be incorporated—how will we know that anything that's said here today will in fact have any impact?

(Unidentified speaker)

I have one more comment for the community to refer to the devil's in the details. I wanted to share this with all the member's here today—the consumers of the devil's in the details—they're going through hell. They're feeling frustrated, feeling defeated, they're feeling anxiety. They are feeling disconnection. They are really in a state now because what they were depending on they feel they might have lost. The second part to this, is this morning, I am working on getting 200 consumers—coalitions together—so they can provide testimony, because it is a traumatic experience for them now because they feel like they're losing something that they have built their hope into so I wanted to make that comment on behalf of the constituents.

Public Testimony

- **Lola Ungar, Temporary Chair of Alcohol and Other Drug Commission**
  - The subject of alcohol/drugs should be included in future deliberations and should have a seat at the table.
  - **WRITTEN COMMENTS THAT WERE PROVIDED:**
    - We understand that next Wednesday, Dr. Ghaly will be addressing our Commission, the A & OD Commission. But, you should all be advised that we, too, should have a seat at the table because the subject of alcohol and other drugs is a greater elephant in the room! We urge you to include us in your future deliberations.
      - 310-375-7410
      - Cell: 310-408-1870

- **Peter Cho, Asian Pacific Counseling and Treatment Center- mental health advocate**
  - In the new potential centralized agency structure, people will be intimidated by trying to sign up to receive services. Therefore, the effectiveness of a central agency will hinder people from getting access to treatment.
  - **WRITTEN COMMENTS THAT WERE PROVIDED:**

- Not in support for central agency

- **Bruce Saltzer, Association of Community Human Service Agencies**
  - The proposed model is being driven by the Department of Health Services, not by the Departments of Mental Health or Public Health or the Commissions. The Departments have done a great job; they've had great leadership. One of the significant principles mentioned is demonstrated value added. At this point in the process, there has not been any demonstrated value added as to what this agency would look like. The report back would talk about the agency structure specifically. When it talks about structure, it talks about appointing a health agency director who will oversee a health agency director who will oversee the three separate departments. From our perspective, the most effective model would be one like a "health czar," where they can push three departments to work to better coordinate services in areas where they're overlapping. There is not an overlap of everything the three departments do. In areas where there is overlap, there should be better coordination. There are various areas outside of those areas that have nothing to do with all three departments. To have a health agency overseeing everything the three departments do doesn't make sense as opposed to a czar to help coordinate the areas that do overlap. Anything that restructures how these Departments work is going to be disruptive. Demonstrated value added needs to be evident before the proposal moves forward or else it's not worth the disruption it would cause.

- **Chong Suh, Ph.D, Director, Asian Pacific Community and Treatment Centers/Special Service Groups**
  - APCT does not support the integration proposal. Mental health is full of cultural issues, which makes it complex and unique, and different from health issues. We appreciate more stakeholder meetings so that under represented communities can provide input.
  - **WRITTEN COMMENTS THAT WERE PROVIDED:**
    - We do not support the integration proposed. Mental Health issues are complex and unique. Also, cultural factors are extremely important. We will provide more detailed description to you.

- **Sally Richman, City of Los Angeles housing and Community Investment Department**
  - Speak to two principles (Public Health's planning principles)-: #7 essential/Legally mandated services. The City has worked with Public Health's Childhood Lead Poisoning Prevention Program (CLPPP) for 20 years. Working with CLPPP has helped the City leverage its efforts to prevent lead poisoning by working with CLPPP on grant opportunities and being a key partner in the City's prevention activities. The City has also shared best practices and authorities for enforcement resources with Public Health. Additionally, new opportunities for collaboration with public health's Environmental health programs are arising.

These are all examples of the legally mandated activities that the City shares with the department.

- Public Health's principle partnership/collaboration #9: the City has created unique partnerships with the Departments of Public Health, Mental Health, and Health Services. The hope is that the partnerships can expand and not lose attention. Additionally, disaster preparedness and recovery are vital collaborative resources shared between the departments. Please do not let these partnerships get lost.

- **June Simmons, CEO, Partners In Care Foundation**
  - The main concern is about the integration-specifically behavioral health and public health and prevention issues. We encourage integration of the important functions each department provides.
  - Collaboration and integration of service delivery systems and the elimination of duplication is important. However, seek integration, not consolidation.
  - Consolidation can be disruptive. The vision and purpose to have these departments better synergize and collaborate is a great idea, but it can be done in a way that is not harmful.
  - We like the idea of a neutral czar that can bring together the best of the three departments without making them merge and sacrificing the autonomy of each of the three departments.
  - **WRITTEN COMMENTS THAT WERE PROVIDED:**
    - We admire Dr. Katz and his leadership. We celebrate that Public Health and Mental Health are at their best. We encourage integration of these important functions. We look for a smaller method—seek integration—not consolidation! Too disruptive, too expensive, and too large. Please find a way to integrate while preserving strong leadership in each of the three organizations.

- **Bernard Weintraub, Southern California Public Health Association**
  - My experience in public health expands over 60 years with a variety of different public health organizations. I've seen merges at every level.
  - The mission statements for each of the three departments (DHS, DPH, and DMH) are all different.
  - DPH's mission does not mention healthcare; public health is not healthcare. Public health is about health protection and health prevention.
  - Merging public health with Health Services is a misstep.
  - We are concerned about DHS taking over DPH functions and ultimately, destroying public health.
  - **WRITTEN COMMENTS THAT WERE PROVIDED:**
    - If each Department is to remain independent, what is the need for this merged agency?

- **Ray Lewis, Dignity and Power**
  - What is the reason for this merger—all of a sudden?

- How do we know that money issues (pertaining to Mental Health) will not happen again, as in the past?
- Why are we doing this? → important question that should be answered
- **WRITTEN COMMENTS THAT WERE PROVIDED:**
  - What is the reason for this merger to take place?
  - We're not interested in any process that undermines mental health diversion from the County jail.

- **Jean Harris**
  - This motion has caused a panic, knee jerk reaction from the community. The change causes fear. One of the biggest concerns is for the transition to end up lasting years before the change is implemented.
  - How will positive or negative effects on services be measured?
  - What timeframe will be required to implement solutions to new problems?
  - How is the consolidation going to change the fact that there are few substance abuse and mental health providers?
  - What other systems are in place that successfully use an agency model and how do they compare to LA County?
  - Consider disparities amongst communities—each community has different needs.
  - Trust issues have risen and how is another level of bureaucracy going to improve services?
  - Mental health portion has been underserved and financially unstable. The agency model does not look like it is safe for mental health.

- **Manal Aboelata, Prevention Institute- Managing Director**
  - The majority of what determines people's health does not occur in a dr.'s office- it occurs in the neighborhoods where we live, work, and play.
  - DPH—particularly the Injury and Violence prevention program and the Chronic Disease program—have been doing innovative work for the last 10 years.
  - They have utilized millions of federal funds in various grants to work to bring safe and healthy parks into neighborhoods, healthy food into communities, and collaborating with multiple municipal agencies outside of the department.
  - We are concerned that the consolidation plan is a service dominated conversation and that the population health work that focuses on broad-based community health policy is getting lost.
  - If consolidation moves forward, we request that the Board establish a Community Prevention and Population Health Task Force that would report to the Board periodically.
  - We need time to reflect on the impact that this consolidation would bring—which cannot be done in 60 or 120 days.
  - Having a Health Officer who is independently accountable to the Board is important to ensure the position isn't compromised of administrative barriers, we are concerned that the consolidation could compromise this.

- There are many creative solutions that can result from the idea of consolidation but have not had time to be produced and tested before implementation.
- Issues of community prevention/health equity are at risk.
- **WRITTEN COMMENTS THAT WERE PROVIDED:**
  - Good afternoon Commissioners. Thank you for taking the time to hold this stakeholder meeting. My name is Manal J. Aboelata, managing Director at Prevention Institute, a nonprofit organization established to prevent injuries and illnesses before they occur, through a focus on policy and planning. We would like to express our interest in a robust public process which allows sufficient time to evaluate the impacts of consolidation on public health programs and in particular, the ability of PH to engage in innovative policy and systems change work designed to eliminate population-based inequities in health. We have articulated some of the fundamental issues that would need to be addressed to preserve and elevate the primary functions of the public health department.

- **Emily Wu Truong, Chair of Asian Coalition with LAC DMH**
  - What is the rush for the integration?
  - Why is the Board not providing presentations to communities to highlight how the consolidation will really help?
  - What is the evidence? Is there any evidence?
  - In my experience, the healthcare system is difficult to navigate.
  - How can we make it easier to navigate?
  - How can we have confidence in the system?
  - **WRITTEN COMMENTS THAT WERE PROVIDED:**
    - In my experience, navigating the healthcare system has been difficult and frustrating as a new client of the mental health care system. I have recommended to the Mental Health Commission to create a guide book to help a constituent to access services. However, with this rushed integration, how is that going to help improve services for the clients? And what is the rush?
    - I appreciate that the BOS is having the client/constituent stakeholder meetings, but what is seriously missing is a presentation to the community on why and how this proposed integration is going to work. How can the BOS convince us of that?

- **Jose C. Salazar, Dr.PH, Tarzana Treatment Centers, Inc.**
  - Contracted provider for all three departments
  - All three departments should remain their autonomy and oversight over budgets.
  - The directors of the three departments should each have a direct reporting line to the Board.
  - The proposed agency should have a focus on ensuring collaboration among the three departments.

- The proposed agency should also have an advocacy role at the federal, state, and local County/City level toward the concept of integration.
- Why are we attempting to do this? This should be included in the report.
- Consider a four way Department—substance abuse should be considered as fourth element that needs to be included in further planning initiatives
- **WRITTEN COMMENTS THAT WERE PROVIDED:**
  - If consolidation happens, all three departments should retain their autonomy and oversight over budgets and continue to have a direct reporting line to the Board of Supervisors.
  - If a consolidated agency is created, it should have a focus on ensuring collaboration among the three existing departments. It should also have an advocacy role at the Federal, State, local County/City level and help promote and future patient care integration.
  - If consolidation happens, SAPC and Substance Use Disorder Services need to remain within the Department of Public Health.

- **Maribel Marin, 211 LA County, Executive Director**
  - 211 acts as the liaison of information about departmental programs between LA County departments and the public.
  - The concern is that 211 be included in the communication as to how the services will be integrated, combined, or separated so that the public has access.
  - 211 has enjoyed its close relationship with DPH. DPH has been responsive to provide information relating to public health concerns/threats/disease outbreaks.
  - The hops it that even with integration, there are no new layers added amongst the communication with 211.
  - Localization of efforts is important for the public and departmental staff.
  - **WRITTEN COMMENTS THAT WERE PROVIDED:**
    - 211 contracts for information and referral services to the public for all three departments. In particular, we work closely with DPH to coordinate and prepare public response to public health concerns/threats, like: measles outbreak, immunizations, H1N1 outbreak, etc. Our interest is ensuring that consolidation does not complicate access and coordination between 211, DPH, DMH, and DHS that delays communication and coordination that currently is working well between us. Also, so that monthly invoice payment does not get delayed.

- **Steven Gallegos, Public Health Policy Advocate**
  - In 2005, DHS's budget deficit risked breaking the County's budget
  - DPH is responsible for the health of the entire population of LA County. DHS is responsible for meeting the medical care needs of mainly uninsured clinics, hospitals, and contracts of community providers
  - DPH has been able to meet the needs of emerging, new threats (i.e.: flu, measles, bioterrorism, etc.).

- DPH delivers local service programs directly affecting those most at risk for chronic disease/infection/injury.
- The people who are making decisions for our County were those who were not here when the County was in bad shape.
- We have a modeled community/governed process that works. If we can be the model for the nation, why would want to destroy or reduce this?
- We need to look back at what we had—the budget situation, and work with the model that is working and not creating budget deficits.
- **WRITTEN COMMENTS THAT WERE PROVIDED:**
  - Maintain the current organization structure of DPH, DMH, and Health Services. The successful track record of staying within budgets while delivering world-class healthcare to the residents of Los Angeles County has been maintained and should not be reconfigured. Do not fix what isn't broken!

- **William McCarthy, PhD**
  - Oppose proposed merger because more lives will be saved and fewer medical care costs will result from keeping DPH autonomous.
  - Merger would make it easier for the Board to divert public health resources.
  - Historical examples of resources that were intended to be spent on population-health promotion used for other needs.
  - Operationally, curative and public health approaches are different. Curative care focuses on one-on-one treatment, public health takes a community based, population approach. These approaches are incompatible and cannot be integrated.
  - Cost effectiveness point of view- many more lives can be saved by investing more in public health approach.
  - If public health loses its autonomy, history will repeat itself, lives will be lost, and there will be unnecessary medical costs incurred as a result.
  - **WRITTEN COMMENTS THAT WERE PROVIDED:**
    - I oppose the proposed merger because past history (e.g. Prop 99-Tobacco settlement, the Master settlement agreement, the ACA prevention fund) shows that if Public Health resources are not protected, they will be raided to fund urgent curative care needs. More lives will be saved, more medical care dollars will be saved by keeping public health independent of Health Services.

- **Commissioner Eddie Lamon- DMH Commissioner (to be considered as part of the Commission input)**
  - Everyone wants to see progress; change is the problem.
  - Since Mental Health has been on its own, it's been able to make great progress.
  - Mental health is currently utilizing collaborative and integrated service and referral approaches in a variety of different settings.

- An umbrella structure may make certain services work together to collaboratively and serve the clients more efficiently.
- The fact that is wrong is that now we have new Board of Supervisors who are (or were) probably not familiar with the historical changes that had to be made for DMH (and DPH) to get the appropriate services.
- When the Board considers a change of this magnitude, it needs to go out into the community and see how it will impact them and how they feel about it.

- **John M. Glover, LCSW, Mental Health America- Antelope Valley Enrichment Services/mental health consumer**
  - Why is the merger occurring? What is the justification for why this is a good idea?
  - Various DMH initiatives are already bringing communities together.
  - Why add another layer of bureaucracy with the intention of creating collaboration, when collaboration is already occurring?
  - Is it worth it to bring disruption of services to so many people without an undefined goal?
  - Because the research has not been done, there is no idea of how it will work.
  - If the consolidation is not a done deal, it needs to be stopped.
  - If it is a good idea, take the time to gather information, do the studies, figure out what the pros/cons are.
  - What's the rush? Rush promotes distrust.
  - We don't want to see the lives of those we serve disrupted for an ill-defined goal.
  - **WRITTEN COMMENTS THAT WERE PROVIDED:**
    - While integration may be in the consumer interest, and will be if done with careful and thoughtful planning, I have some concerns:
    - If integration occurs only at the highest bureaucratic levels, how will this effectively integrate care at the level of the consumer?
    - Integration isn't necessary if communications and referral pathways are improved between agencies that truly value comprehensive care.
    - To accomplish this integration, much more time should be allocated for careful planning, research on best-practices and stakeholder input. An arbitrary 60-day window to accomplish such a broad goal with such wide group impact is certainly insufficient.
    - The wonderfully effective relationship developed over a long history, between DMH and its consumers, is not worth risking over on integration that may not actually improve individual consumer care and recovery.
    - The mental health community has worked long and hard to develop and utilize a recover-based model of care. Primary medicine has yet to recognize and utilize such a model that falls short of whole body recovery (while the Mental Health community can certainly improve its access to and utilization of primary medicine).
    - Hands-off Prop 63/MHSA funding. By law, those funds are to support mental health services. Now, if some MHSA funds were designated to be used to bridge and connect consumers to primary medical and substance

abuse care. Of course, a match of funds from Public Health and Department of Health Services would be required to make such a bridging effort work.

- **Jim The Hat, Share/DMH Pro Volunteer**
    - Why didn't they come to us for our input before moving forward with this plan?
    - Make it specific—what are the benefits of the proposed integration and how is it going to satisfy me and my family?
    - What are they trying to hide and what are they trying to take away from us?
    - I am able to get my own house because of the way the Department of Mental Health supports me. They give me that hope to achieve something impossible.
    - {to Dr. Ghaly}- I understand what you're doing, but tell me the benefits of it.

- **Anitha Abraham, Los Angeles City Client Coalition**
    - **Spoken comments were same as the WRITTEN COMMENTS THAT WERE PROVIDED:**
        - As a joint meeting, will these meetings always be in this location or will these meetings be rotated to another location, such as Vermont?
    - DMH Chair, Dr. Gasco assured Ms. Abraham that this was the first meeting of this nature and that the DMH/DPH Commissions operate separately but occasionally, the two Commissions may meet again in the future.

- **Wendie Warwick (Center for Counseling, Candea Park, CA) (Didn't Speak)**
    - Substance abuse field should be giving a voice within this planning process.
    - What is the value of this change?
    - Task force should evaluate the possible change.
    - What is the rush?
    - Time frame for implementation should be extended.
    - There should be more stakeholder meetings.
    - Gives thought to Dr. Gasco's comments.

- **Violet J. Ruiz (American Heart Association) (Didn't Speak)**
    - Working towards 2020 Impact Goal, which is to improve cardiovascular health of all Americans by 20% while reducing deaths from cardiovascular diseases and stroke by 20% by 2020.
    - AHA has maintained a strong relationship with the DPH in achieving healthier and longer lives for LA County residents.
    - AHA advocates that programs resulting in positive and sustained cardiovascular health not be damaged or affected.
    - AHA continuously works with LA County to improve nutrition, physical activity, multi-model and active transportation, healthy vending and service procurement policies, public education, and tobacco control and prevention policies, among others.
    - Heart disease is the #1 killer of women nationally, and is responsible for one in every four women's deaths in LA County. Stroke is the #4 killer in LA County. AHA works

on preventing these occurrences.

- **Ellen Aikon, MD, MPH (Didn't Speak)**
    - Patient care needs a coordinated approach- reorganization by itself does not create (??), nor does collaboration require reorganization.
    - Public health is population oriented. Many public health departments have (??) themselves from patient care. That is another model.
    - Public Health needs direct access to the Board of Supervisors and the public, not filtered or blocked through an agency. It needs visibility and an autonomous budget. Structure developed needs to allow this.

- **Anonymous (Didn't Speak)**
    - Concern for those who are employees of the county, identified as people with lived experience.
    - Unfortunately, discrimination is prevalent to the act of getting information throughout the county. Adding the fact that we have mental illness makes it even more difficult.
    - Has witnessed programs taken away from peers and given to staff with Master's degrees.
    - Those with lived experience should be afforded the opportunity to get educations.
    - Has B.S. in Psychology and is unable to receive financial assistance because it is being allotted to those holding Master's degrees, nurse practitioners, or what they call "hard to fill" positions.
    - Has now enrolled in a Master's program in Psychology. It is more cost effective to give funds to who MHSA is intended to receive it, instead of people who
        - Don't have or identify as having a mental illness
        - Aren't already holding Master's degrees or jobs requiring them, being paid at a high wage when peers
            - Do much better at reaching out to clients
            - Cut time and money because of this ability
    - Not truly being represented, unless there is inclusion in the future regarding recovery.
    - The implementation of peers needs representation at every level.
    - This is the vision that the (??) and the proud people who are working on our mental health, physical health, and addicts in recovery.

- **Madeline Bernstein (SPCALA) (<u>WRITTEN COMMENTS</u>- Didn't Speak)**
    - Concerned with unwieldiness of agency, and the loss of rapid response and nimbleness as a result
    - Very few managers can handle a bureaucracy that large, particularly one that has such an impact on vulnerable populations

- **Betty Dandino (LACCC Chair, Pacific Clinics Quality Assurance Board, PC & UCLA Research for Wellness of Consumers, PC & UCLA Health Navigators)**
    - People with mental health are dying 25 years sooner than the general population.
    - Wellness Research has been working for over 1 ½ years and have only recently begun a pilot program.

- Training staff to improve the health of consumers as done with Health Navigation.
- DMH has sponsored me to go to the Integrating Conference for 2 years.
- Feels that it is being done in a slow and progressive way with both DMH and Pacific Clinics.
- How can you do it overnight?
  - Refers to the public vote to change a felony to a misdemeanor and all the problems it has caused.

- **Barbara Wilson**
  - Lack of discussion about how to oversee and protect money that is specifically earmarked for mental health and clients.
  - Regularly interacts with families within the community who have older family members with serious and chronic forms of mental illness. They show that there is no place for them to get relief or have any safe harbor to act as payee for their family members. This affects money that goes through mental health license facilities.
  - Reinstituting of warehousing of adults with mental health problems.
  - Causes huge blowback in the community at large because of media coverage.
  - Integration of Public Health and Mental Health Departments involves coordinating the licensing requirements of housing for non-medical residential facilities located in R-1 zones.
  - Currently no regulations for sober living homes and "independent" homes that are warehousing adults 4-6 per bedroom.
  - Advocating a countywide summit with HUD involvement to stop misconception that housing issues are dependent on the state. This can help homeless populations decline.

- **Patricia Russell**
  - Service Area 2 Meeting discussion
    - Should be more training to develop respect between departments.
    - Who will be the director and how will they be chosen?
      - Someone from the outside should be appointed to this position
    - Stakeholders, consumers, and family members should have civilian oversight to ensure there is no loss of quality of care. (throughout planning process and if/when it is implemented)
    - Better ideas for more housing for those who are homeless and mentally ill.
    - We need more time. This cannot happen in 60 days.
    - **WRITTEN COMMENTS THAT WERE PROVIDED:**
      - DMH should have direct access to the Board of Supervisors.

Reba Stevens (DMH Consumer)

- Wanted to make certain that Mr. Katz would hear opinions, sad that he is no longer present.
- Totally opposes, not because of the integration.
- We need to go back and look at principles.
- Unfair: Feels disrespected, as if clients have no voice.
- Right to vote, there should be a campaign.

- Looks at integration plan as a disaster because clients and consumers don't feel that they matter.
- Clients have a right to have a voice in the process.
- What is the reason why? No one can seem to answer this.
- Feels hurt, present this correctly and fairly.
- DMH clients continue to voice concerns. Where are Public Health patients?
- **WRITTEN COMMENTS THAT WERE PROVIDED**
    - Why?

Glenn Dodd (Chair of Coalition for Tobacco Free Los Angeles County)

- Coalition of more than 30 agencies and organizations involved in tobacco prevention.
- Working in tobacco use prevention for more than 25 years.
- Use of tobacco surtax funds for tobacco prevention: Years ago, when tobacco surtax funds were first made available, the Department of Health Services dedicated a very significant portion of revenues to subsidize a portion of DHS physician salaries (about 5 minutes for every patient visit). Only a fraction of patients actually quit using tobacco. The strategy helped department balance books, but there would be very little return for a very large investment.
- The lack of efficacy for this type of program have been substantiated by both evaluation and surveillance research.
- Tobacco surtax funds have been used effectively in prevention initiatives, especially those that shift social norms, and prevent secondhand smoke.
- If the merger of county departments is to move forward, it is urged that tobacco surtax funds are used for tobacco prevention, and not to subsidize DHS physician's salaries.

Patricia Ochoa

- Support better coordination between departments that improves population health.
- We need to ensure there's no duplication of processes. We feel that it's crucial that work carried out by each department isn't undone.
- How are budgets separated and managed? Budgetary decisions should be specified.
- It would be good to know (within the draft) why models other than an agency model were not chosen.
- Will submit more written comments when the plan is released.
- **WRITTEN COMMENTS THAT WERE PROVIDED**
    - Concern that the consolidation process will dissolve the past work and efforts undertaken by the Department of Public Health by cutting its autonomy and resources as a department.
    - Would like to see steps taken so this doesn't happen.
    - Specific measures should be developed.

John Czernek

- What was the request within the response letter from Dr. Katz to the Board? Who made this request? Can we have a copy of this request? I'm not sure what it means.
- What happened in the past? Why was it separated in the first place? What made it unsuccessful the first time?
- What will happen if the integration process is not successful?

Sawako Nitao

- I was able to attend the Cambodian Trauma Conference in Long Beach.
- I was culturally, emotionally, and physically attacked from an LACCC officer during the meeting session. After this, they left the meeting.
- I felt surprised and embarrassed during the meeting.
- Spanish translators were very loud. I couldn't hear or focus. Usually, it is masked well, but not this time.

Lynn Kersey (also provided a formal letter-on file)

- Reconsider approval in concept of integrated health agency based on the fact that it's moving forward on a flawed assumption.
- 60 days isn't enough time to adequately address issues proposal suggests.
- Feels that we are being asked to provide problems in which solutions are already provided.
- Confidential memos obtained by LA Times speak to better care for patients, better response to health plans, eligibility, enrollment, and preventative individual care: this is about adequate networks. All of these issues can be addressed, or at least hear our ideas without merging departments in the way it's being proposed.
- Integration issues have nothing to do with Public Health, which spans across many systems. We may as well place public health under LA Care, which is the largest health plan in the country, with more indigent patients than the county.
- Entire county deserves information about prevention, protection, and promoting public health.
- Public health isn't the promotion of healthcare to the poor or indigent. This misconception is often reinforced in the media. It's defined by the World Health Organization as "organized measures to prevent disease, promote health, and prolong life among the population as a whole", while providing conditions where people can be healthy. Public Health seeks to provide conditions in which populations Our Public Health Department has done most of this. We have thoroughly monitored our climate, safe and walkable rideable streets, provision of adequate places to buy produce, nimble responses, clean air, physical fitness, and etc. through funding. These efforts will suffer financially and otherwise if they're pulled under the Department of Health Services.
- We believe that the concerns can be addressed without merging Public Health. We would be happy to lend our support to look at any inadequacies, but we must know the financial impact of the merger prior to any decision being made about its merits, without an artificial merit.

- **WRITTEN COMMENTS THAT WERE PROVIDED (formal letter on file)- below**
  - Please oppose and request a review of the "approval in concept" for merged departments.

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February 12, 2015

Public Health Commission
Mental Health Commission
Los Angeles County

Respected Members of the Los Angeles County Public Health and Mental Health Commissions:

I am Lynn Kersey, a proud graduate of the Jonathan and Karen Fielding School of Public Health at UCLA, and the Executive Director of Maternal and Child Health Access. MCHA is an organization with nearly 20 years of history in downtown Los Angeles, a local organization with statewide impact.

Thank you for the opportunity to speak before you today. Today, I would ask the Commissions to ask the Board of Supervisors to reconsider the approval of an integrated health agency. Sixty days is not enough time for this process and not enough time to adequately understand the issues that the proposal seeks to address – instead, stakeholders are being asked to come up with why the integration is a good or bad idea. All of this should have been considered, unfortunately, before a brand-new Board of Supervisors voted in January.

The Health Director and Board of Supervisors, with all due respect, do not seem to understand the distinction between public health and health services. The confidential and other memos from Dr. Katz speak to better care for patients, better response to health plans, problems with eligibility and enrollment, linking preventive individual health to clinic services, and some general statements about cost savings. All of these issues can be addressed within the Department of Health Services without merging the Departments of Public Health or Mental Health. These integration issues for individual patients have nothing to do with public health, which includes patients within LAC DHS equally with patients from LA Care, from UCLA Health Systems, from Cedars Sinai Hospital – from wherever one receives or doesn't receive health care.

Unfortunately, Dr. Katz gives even more examples, citing that the Department of Public Health has nutrition and exercise programs within the community, but that those aren't targeted at DHS patients. Well, that's because they're community level mass messaging to prevent, protect and promote the public's health and actually, everyone is entitled to those public health messages. Public Health is not the provision of health care to the poor or indigent, not even the provision of preventive health care, a misconception often reinforced in the media. Public Health, as defined by the World Health Organization, is the following:

> Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life *among the population as a whole*. Its activities aim to *provide conditions* in which people can be healthy *and focus on entire populations*, not on individual patients or diseases. Thus, public health is concerned with the total system and not only the eradication of a particular disease.

More and more efforts are underway to shift our landscape and environment to encourage healthy behaviors. These are efforts that our Department of Public Health has championed in recent grant-funded initiatives, such as thorough monitoring of our climate, safe and walkable/rideable streets, and provision of adequate places to buy fresh produce. The Department of Public Health must be nimble and able to respond to new threats listed daily in our media: to our safety, to our drinking water from gas and oil extraction known as fracking, to our clean air and to our physical fitness through the lack of planning of healthy communities. These efforts will suffer financially and otherwise if pulled under the Department of Health Services.

Dr. Katz's concerns can be addressed by integration within the Health Department without merging population-level public health. This possibility should be explored. In addition, we must know the financial impact of this merger prior to any decision is made about its merits. There should be no artificial timeline or pressure placed on achieving this merger. The concept must be measured against your principles, adopted in late January, to see how the merger will improve the health of our county's population.

For these reasons, Maternal and Child Health Access respectfully asks you to oppose the integration of Departments, and to urge the Board of Supervisors to reconsider their vote in concept.

Thank you for your attention to our concerns.

Sincerely,

Lynn Kersey, MA, MPH, CLE
Executive Director

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ADDITIONAL COMMENTS FROM PUBLIC HEALTH STAKEHOLDERS

(Provided via email):

Statice Wilmore, Program Coordinator, City of Pasadena Public Health Department

I cannot attend your meeting tomorrow; however, I would like to suggest items that should be considered if a consolidation/merger does happen:

1) What are the overall impact of services to the community? Customer Service impact on local residents? Economic impact? Access to services impact?

2) What is the staff impact of the merger? Reduced size? Reclassifications? Increased career opportunities?
3) Fully explore the pros and cons of an internal agency merger (consolidation of departments) --- versus external merger (merging two outside agencies). I believe there is a difference. I am no economist, nor business major, but maybe the UCLA Anderson School of Business can help on this
4) Identify other communities where this has already happened and what where the lessons learned? Has LA County done this before in the past?
5) I think one model to look at was the state department- where the California Department of Public Health split from the California Department of Health Services. After all, LA County is so huge that it's own miniature state
6) What is the alternative plan if the consolidation doesn't work?